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The highly controversial payment reform of dentists in France: seeking a new compromise after the 2017 strike

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Highlights :

- In 2017, the French Government tried to reform dental contracts.
- Dentists & Dental Students went on the biggest strike in 20 years.
- Price ceilings and lack of financing preventive care were the chief complaints.
- France is still lacking robust epidemiological data for its dental policy making.

Abstract

France possesses a mixed public-private oral health system with no out of pocket payments for most routine dental treatments. The "Convention" regulates tariffs between the elected dental trade unions, the National Health Insurance and Complimentary Health Insurers. It is periodically revised and negotiated by the three parties in order to introduce new procedures, improve the access to dental care of the population and to adjust procedure costs for inflation. At the beginning of the last negotiations in September 2016 health minister Marisol Touraine introduced a new legal procedure, the Arbitrary Judgment, which came into force if the Dentists failed to agree to the NHI's propositions. These propositions included setting caps on most of the previously unregulated dental prosthetics and a global price ceiling on the whole dental market. This sparked a nationwide strike of the profession, a blockade of all 16 Dental Schools and several national protests. This movement raised nationwide debates regarding the access to dental treatments, preventive care and out of pocket payments for patients. The political tensions generated between the stakeholders, as well as the lack of both robust epidemiological and economic data challenges the ability of this policy making process to produce comprehensive, evidence based and economically sustainable reforms.

Keywords

Dental care; Dental care costs ; Dental care system reforms ; Mandatory dental insurance ; French healthcare system ; Dental needs

Declaration of interest:

None

1. Political and economic background

1.1 The French Fee-For-Service convention

In France, 99% of General Dental Practitioners work according to the "Convention", a national contract negotiated by the elected dental trade unions, the National Health Insurance (NHI) and Complimentary (private) Health Insurers (CHI)(1). Most treatments follow a fee-for-service (FFS) scheme in which patients pay their dentist the full cost of the treatments and are automatically reimbursed by their insurance(s) a few days later. In some situations, third-party payment is also possible. The total budget spent on Dentistry was €11.1Billion in 2016(2), which accounts for 0.5% of the French GDP(2). Compared to EU28 Countries, the expenditure per capita is \$169.78 (€138.95), narrowly below the EU average of \$196.62 (€160.92) (3). The ANI law(4) (June 2013) rendered employer-provided insurance compulsory for private companies, with 1 or more employees. Employees can upgrade their benefits package (e.g. to cover advanced dental care) but they have to pay unsubsidized premiums. As of today, 95% of French patients are covered by a private insurance, and therefore benefit from a large list of treatments without any copayment. Based on the FFS scheme, dental procedures are classified under three categories (see Table 1 below):

The first group are dental procedures for which fees are fully regulated (R) by the convention ("Actes remboursables opposables"). They represent most of the elementary dental procedures, such as consultations, restorative work, extractions, root canal treatments, and scale and polish. The NHI reimburses patients 70% of the fee. The remaining 30% is paid by the patient or their complementary health insurance.

The second group are procedures that have a reimbursement fee but aren't regulated (RNR) ("*Actes à entente directe*"). A baseline fee is defined by the NHI, but dentists can charge patients a higher price. The NHI reimburses 70% of the baseline fee. Depending on the patient's contract, CHI pay some or all of the remaining cost which could be anywhere between 30% and several times the baseline fee. As such, patients with good private insurances can expect to be fully reimbursed for the majority of treatments from this partially regulated group.

The third group of procedures are not regulated nor reimbursed by the NHI ("*Actes non pris en charge*"). Procedures may be fully or partially reimbursed by the CHI.

Table 1 : 3 types of fees in the French convention

Type	Payment	Examples of procedures
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Regulated fees (R)	70% NHI, 30% CHI or out of pocket	Consultation, scale and polish, fissure sealants, fillings, extractions, X-rays, root canal treatment
Reimbursed, non-regulated (RNR)	70% NHI; 30%-600% CHI (depending on contract) or out of pocket	Crowns, bridges, dentures, orthodontic treatments (< 18 years only)
Non-Reimbursed Non-regulated fees (NRNR)	0% NHI; CHI fixed amount (depending on contract) or out of pocket	Periodontal treatments, fluoride varnishes, implant surgery.

In addition to this general scheme, patients at financial risk and undocumented foreign nationals in precarious situation are covered by the Complementary Universal Medical Coverage (CMUc) and the State Medical Aid (AME). CMUc and AME set a band of fully regulated fees and face no out of pocket payment. A prevention-oriented scheme also exists, the *Bilan Bucco-Dentaire*, which offers screening consultations and following restorative treatments with no co-payment for pregnant women and children (aged 6, 9, 12, 15 and 18)(5).

The current convention was signed in 2006, and revised by negotiations twice, leading to its third version (5–7). The negotiations for the 4th revision started in September 2016.

It is important to note that oral healthcare is provided solely by dentists, without hygienists. Chairside nurses are present in dental practices, but dentists work mostly singlehandedly: in 2017, 19213 total employees (nurses, receptionists, cleaning staff) were declared, for 42 000 dentists.(8).

1.2 Recommendations by the The National Audit Office (NAA) ("Cour des Comptes")

In September 2016, the National Audit Office, the independent supreme body for auditing the use of public funds in France, published a report on the dental profession.(9)

Some of the recommendations to the Government and NHI were as follows:

1. To define and implement a comprehensive strategy for oral health, based on periodical epidemiological surveys and set action plans.

2. To implement an accreditation system guaranteeing the quality and the security of treatments in dental practices, with indicators set by the HAS (French National Authority for Health, equivalent to UK's NICE).
3. To regulate the fees of the most frequent prosthodontic procedures.
4. To eliminate any obstacles to the development of corporate practices and chains of practices (operated by HMOs or by not-for-profit organizations), especially by guaranteeing a complete access to billing data.

2. Health policy processes

2.1 Stakeholders

The government and the NHI

The NHI, following some of the Office's recommendations, proposed a plan on the 26th of November, with two main goals. Firstly, to reduce to the amount of out of pocket (OOP) payment faced by patients (mainly on prosthodontic work). This would be achieved by a cap on some fees in the category of reimbursed, non-regulated (RNR) procedures. Second, to compensate the dentists' accordingly by increasing the fees on a selection of regulated procedures, considered to be more conservative from a medical standpoint. The changes would apply for patients under the general scheme (NHI ± CHI) and those benefiting from the CMUc.(10,11)

The dental trade unions

The three unions representing dentists agreed beforehand on a "common proposition platform". Their main objective was a review of the regulated fees to meet the rising expenses of dental practices. These fees were judged as "extremely low" by all of the dental trade unions.

The dental trade unions estimated that achieving a satisfactory amount for increasing ceilings on regulated fees would cost an additional €2.5Billion.(10)

The complimentary health insurers

The union of private complimentary health insurers (UNOCAM) is represented at the negotiations in order to evaluate and give an agreement on their financial capacity to sustain the reforms.

Patients

Although patients and consumers representatives do not participate in the discussions, several highly mediatized reports were published in the years preceding the negotiation, denouncing high patient out of pocket expenses on dental prosthetics(12). This added to the political pressure for a change.

2.2 The negotiation process

The process was to take an agreed number of meetings, allowing external parties, such as the dental students, to communicate their arguments. Matters such as professional demographics and health inequalities were also to be discussed.

An element of surprise for the Dental Trade unions emerged on October 27th, 2016. An amendment to the annual bill for the NHI's budget, was introduced by the government. It stipulated that if the three parties did not reach an agreement by February 1st, 2017, a mediator would be nominated to arrange an "Arbitrary Judgment" and decide the content of the new convention. This amendment led to substantial protests amongst dental trade unions, who declared that they were hostage to a potentially punitive decision by the mediator. Several propositions were subsequently made by the NHI and rejected by the dental trade unions, which declared that "the effort asked to the dental professionals by introducing caps on prosthodontic procedures was not compensated by the increase in price ceilings on regulated fees". The CNSD, followed by the FSDL, the two main dental trade unions, suspended their participation in the negotiations on January 6th, 2017. The Arbitrary Judgment procedure then followed. After consulting with the stakeholders, the arbitrator proposed a new version of the convention. It was accepted by the government, published on March 31st, 2017 and will enter into force from January 1st, 2019.

Tariff Band Before AJ	Tariff Band After AJ	Procedure	Actual baseline Convention tariff (cap)	National Average	2021 baseline Convention tariff (cap)
Regulated	Regulated	Primary tooth Extraction	16,72 (16,72)	16,72 (16,72)	23,07 (23,07)
Regulated	Regulated	3 surface Restoration	40,97 (40,97)	40,97 (40,97)	67,33 (67,33)
Regulated	Regulated	Molar Root Canal Treatment	81,94 (81,94)	81,94 (81,94)	81,94 (81,94)
Regulated	Regulated	Simple permanent tooth Extraction	33,44 (33,44)	33,44 (33,44)	33,44 (33,44)
Reimbursed, Not regulated	Regulated	3 surface Inlay-Onlay	40,97 (NC)	278 (NC)	CAP : 295
Reimbursed, Not regulated	Regulated	PFM Crown	122,5 (NC)	540* (NC)	CAP : 547
Reimbursed, Not regulated	Regulated	Full set of dentures	365,50(NC)	2286 (NC)	CAP : 1970
Reimbursed, Not regulated	Regulated	Bridge (3 element)	279,50 (NC)	1199 (NC)	CAP : 1070

Table 2 :Non-exhaustive list of price changes in the French dental convention from the SNIIRAM 2015
Extraction Prices are shown in Euros (€) ;

2.3 Response of the dental profession

On January 6th, following the CNSD and the FSDL's withdrawal from the negotiations, a nation-wide strike was launched by the French National Association of Dental Students (UNECD)(13). This movement covers all 16 dental faculties and teaching hospitals in France. A first protest was organized on the January 27th, 2017 by the UNECD and the FSDL. A second protest was organized before the publication of the Arbitrary Judgment on 3rd March. It was supported by 10,000 dental professionals(14). The strike endured for 2 months, affecting 90% of dental students. The main complaints from the students were that preventive and conservative treatments were not being sufficiently funded by the NHI, and that a restorative based practice was being favored instead of comprehensive health outcomes focused payment system. Trade Unions filed complaints to the Conseil d'Etat, the French supreme court for administrative justice, challenging the Arbitrary Judgement's legal basis. All complaint procedures were dismissed (15).

2.4. Presidential Campaign & re-opening of the negotiations

These dental negotiations occurred in the context of the 2017 French Presidential elections. While the negotiations and the Arbitrary Judgment procedures were ongoing, several presidential candidates were particularly vocal on the topic and introduced principles for reform, should they be elected.

Candidate Emmanuel Macron took a strong stand on two aspects of dentistry: to increase the coverage of preventive procedures; and to fully reimburse prosthodontic procedures for patients(16,17). On May 5th, 2017, Emmanuel Macron was elected president of France on 5th May 2017. He nominated Pr. Agnès Buzyn, a Professor of Hematology and former head of the High Authority of Health, as Minister of Health on May 17th(18). In the summer of 2017, Pr. Buzyn re-opened the negotiations with the trade unions. She also delayed the enforcement of the Arbitrary Judgment by one year. Negotiations started again in September 2017, a move welcomed by the dental profession. Understanding the background discussed in this paper for this second round of negotiations is essential to understand the context of the reform that will be enforced from 2019. Its final content will be discussed in a separate paper.

3. Discussion

The Arbitrary Judgement broke the historic negotiating framework between the stakeholders. It sparked vivid reactions from the unions and led to the largest protests the profession had seen in decades. Although the unions are now generally satisfied with the opening of new negotiations, tensions are still likely to arise pending a number of possible future events.

Firstly, should the negotiations fail, the Arbitrary Judgment is still scheduled to be enforced on January 1st, 2019. This situation would effectively force the trade unions to accept any “negotiated” solution.

Secondly, the government is committed to seeing through President Macron's promise of fully regulating certain types of dental prosthetic procedures to ensure patients are left with no OOP spending. The information systems for the French health insurance systems (SNIIRAM) are comprehensive, and contain data on all NHI claims. According to the SNIIRAM database (17) the cap on dental prosthesis procedures proposed by the previous government was roughly equal to the average fee charged by French dentists. (Table 2) In the 5-year budget for the next convention, additional funds of €800 million have been identified by the NHI to increase conservative and preventive treatments in the new negotiations, with the costs of this falling on the NHI and CHI's. However, OOP payments for dental prosthesis procedures in France sum to €3 billion a year(19). Thus, the aforementioned reform is likely to lead to either a limited number of procedures eligible for full coverage, or will require procedural fees to be adjusted to well below the value of those currently charged by dentists, in order to keep the reform affordable for a Social Security. While the NHI signaled that dentists will likely keep semi-regulated fees on some top-tier procedures, the changes and limitations required by implementing the reform may spark reactions from the trade unions similar to those of 2017.

The NHI has limited knowledge regarding the oral health status of the population: there are no accessible resources providing national results for epidemiological studies of the adult population. Some regional studies show that the prevalence of the need for dental care was as high as 35.0%(20), whilst the EU-SILC 2013 indicators show that France was amongst the middle third performers in terms of unmet care needs for dental examination(21). The last national study for the prevalence of dental caries for children (DMFT 12 years old) dates back to 2006(22). This data is now outdated, and the studies not comfortably viable for consideration as epidemiological studies have since evolved and criteria for evaluation have been updated. (23)

Due to this lack of available information, agreeing fees of reimbursement potentially opens the system up to large budget shortfalls or overspends, without considering the needs of the population. This approach to policy making is hugely risky, at a time when health systems are looking to best assess ways to implement cost-effective, health-outcomes focused prevention based payment systems(24).

Despite 95% of the population receiving CHI coverage(25), significant differences of funding dental procedures can be found among social groups depending on their employer-provided insurance. The ANI law mandating all private companies to provide employees with some complimentary insurance allowed access to a greater portion of the population, but many companies opted for less expensive contracts in order to keep costs to a minimum. Such "contracts" offer partial funding for partially regulated and unregulated procedures. Some employees needing extensive dental therapy are thus inclined to contract a second private insurance(26), at their own expense, resulting in significant financial burden. The CMUc scheme also creates tensions : Patients benefit from price ceilings imposed on some dental procedures which are only partially regulated for patients under the general scheme. For example, the average national fee charged for a set of complete removable dentures is €2286, but under the CMUc regimen the treatment cost is capped at €1312. This leads to a tendency for discrimination against CMUc patients : 31.6% of practices refused to treat them in Paris in 2009.(27)

Historically, priority has been given to operative care, at the expense of preventive dentistry. Interventions such as motivational interviewing, fluoride varnishes and advanced caries management and control systems are not reimbursed by the NHI, despite the available evidence(28–30). Due to this focus on restorative treatment, funding decisions seem to be driven by the curative path dependence of French dental practices on the provider side, and by accounting principles to stay under a capped budget for the government. Whilst prevention is often advocated as a cost-saving approach by the dental trade unions, there is also lack of robust evidence on the cost-effectiveness of preventive treatments in France, making it hard for policymakers to make evidence-based decisions.

The economic structure of the French dental sector is on the verge of profound change. It is a traditionally self-employed sector, with sole operator practices and limited supporting staff: there were on average 0,4 employee per practicing dentist in France (31). Whilst the new generation of practitioners seem to be firmly committed to model of practitioner self-employment, they tend to develop larger practices with a wider skill mix, which may be more efficient(32). Drawing from current trends, it is fair to say that if current practitioners do not invest in cost-efficient, patient-centered practices, they may face stiff competition

from health care corporations. In recent years, CHI have expanded their bargaining power. They can propose binding contracts to practitioners that, in exchange of the promise of an additional inflow of patients, require smaller fees, sometimes leaving patients with small or non-existent OOP payments. Whilst such changes may drive welcome improvements in the efficiency of practices, under a payment system which provides financial incentives for restorative work rather than prevention, this may also lead to a decrease in the quality of preventive care, and ultimately have a negative impact on long-term patient health outcomes.(24)

4. Conclusion

The French Dental Negotiations of 2016 have sparked vivid reactions amongst the profession, which led to a national strike, accompanied by dental students blocking access to all dental hospitals in France. In an effort to ease the relations with the profession, the government has suspended the last imposed contract, to find a new compromise in which preventive care has been declared to be of capital importance. However, the lack of basic epidemiological data for the French population keeps policymakers from evaluating the outcomes of each dental contract reform and the necessary policy changes. In order to facilitate evidence-based discussions, centered on the needs of the patients, the oral health status of the French population urgently needs to be analyzed. This reform is of crucial relevance for policymakers in Europe that may try to improve the access to dental care by regulating dental fees. 2019 will tell if the reform is likely to succeed, with lower fees for patients, or drive out a portion of Dentists out of the public system. A profound change of the Oral Health System in France is to be expected.

BIBLIOGRAPHY

1. DREES. Tableau effectif des médecins par spécialité, mode d'exercice, sexe et tranche d'âge [Internet]. 2016 [cited 2018 Jan 19]. Available from: <http://www.data.drees.sante.gouv.fr/TableViewer/tableView.aspx?ReportId=2485>
2. Ministère des Solidarités et de la Santé. Les dépenses de santé en 2016 - Résultats des comptes de la santé - édition 2017. Paris; 2017. (Panoramas de la DREES).
3. Righolt AJ, Jevdjevic M, Marcenes W, Listl S. Global-, Regional-, and Country-Level Economic Impacts of Dental Diseases in 2015. J Dent Res [Internet]. 2018 Jan 17 [cited 2018 Feb 6];002203451775057. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29342371>
4. Journal Officiel. Loi n° 2013-504 du 14 juin 2013 relative à la sécurisation de l'emploi [Internet]. Paris: Parlement; 2013. Available from: <https://www.legifrance.gouv.fr/eli/loi/2013/6/14/ETSX1303961L/jo/texte>
5. Journal Officiel. Arrêté du 26 novembre 2013 portant approbation de l'avenant n° 3 à la convention nationale organisant les rapports entre les chirurgiens-dentistes et l'assurance maladie signé le 31 juillet 2013 [Internet]. Paris: Parlement; Available from: <https://www.legifrance.gouv.fr/eli/arrete/2013/11/26/AFSS1329118A/jo/texte>
6. Journal Officiel. Arrêté du 14 juin 2006 portant approbation de la convention nationale des chirurgiens-dentistes destinée à régir les rapports entre les chirurgiens-dentistes et les caisses d'assurance maladie [Internet]. Paris: Parlement; 2006. Available from: <https://www.legifrance.gouv.fr/eli/arrete/2006/6/14/SANS0622496A/jo/texte>
7. Journal Officiel. Avis relatif à l'avenant n° 2 à la convention nationale organisant les rapports entre les chirurgiens-dentistes et l'assurance maladie, signé le 16 avril 2012 [Internet]. Paris: Parlement; 2012. Available from: <https://www.legifrance.gouv.fr/affichTexte.do?cidTexte=JORFTEXT000026237147>
8. Ministry of labour - France. Résultats définitifs de la représentativité patronale [Internet]. 2017 [cited 2018 Sep 25]. Available from: https://travail-emploi.gouv.fr/IMG/pdf/resultats_de_la_representativite_par_branche_professionnelle-2.pdf
9. Cour des Comptes. Rapport sur l'application des lois de financement de la sécurité sociale 2016, les soins bucco-dentaires. 2016;
10. Godeluck S. Dentistes : la revalorisation des soins s'étalera sur trois ans. Les Echos [Internet]. 2016 Nov 16 [cited 2018 Jan 19]; Available from: https://www.lesechos.fr/26/11/2016/lesechos.fr/0211535347457_dentistes---la-revalorisation-des-soins-s-etatera-sur-trois-ans.htm
11. Propositions de l'UNCAM. [cited 2018 Jan 19]; Available from: <http://www.fsd1.fr/wp-content/uploads/2016/11/Propositions-de-l'UNCAM.pdf>
12. La Croix. Les « dérives tarifaires » des soins dentaires pointées du doigt - La Croix [Internet]. [cited 2018 Sep 25]. Available from: <https://www.la-croix.com/Ethique/Medecine/Les-derives-tarifaires-des-soins-dentaires-pointees-du-doigt-2013-11-25-1066051>
13. Union Nationale des Etudiants en Chirurgie Dentaire. Reconduction de la grève nationale jusqu'au 3 février [Internet]. Nantes; 2017. Available from: <http://unecd.com/communiqués/reconduction-de-la-greve-nationale-jusquau-3-fevrier/>
14. AFP. Les dentistes fortement mobilisés contre une réforme de leurs tarifs. La dépêche [Internet]. 2017 Mar 3; Available from: <https://www.ladepeche.fr/article/2017/03/03/2528518-les-dentistes-fortement-mobilises->

- contre-une-reforme-de-leurs-tarifs.html
15. Conseil d'Etat. Décision du Conseil d'Etat N° 409440 [Internet]. Paris: Conseil d'Etat; 2017. Available from: <http://arianeinternet.conseil-etat.fr/arianeinternet/getdoc.asp?id=210885&fonds=DCE&item=1%0A>
 16. Réponses aux questions de la CNSD des deux candidats à la présidentielle [Internet]. 2017 [cited 2017 Feb 13]. Available from: <http://www.cnsd.fr/actualite/news/1800-questions-aux-deux-candidats-a-la-presidentielle>
 17. En Marche! Santé - La révolution de la prévention et l'accès à la santé pour tous [Internet]. Le programme d'Emmanuel Macron. 2017 [cited 2018 Feb 13]. Available from: <https://en-marche.fr/emmanuel-macron/le-programme/sante>
 18. Lane R, Agnès Buzyn: France's Minister for Solidarity and Health. *Lancet* [Internet]. 2017 Nov 25 [cited 2018 Feb 6];390(10110):2339. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29185429>
 19. DREES - Ministère des Solidarités et de la Santé. Les dépenses de santé en 2016 - Résultats des comptes de la santé - édition 2017 - Panoramas de la [Internet]. [cited 2018 Jan 17]. Available from: <http://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/panoramas-de-la-drees/article/les-depenses-de-sante-en-2016-resultats-des-comptes-de-la-sante-edition-2017>
 20. Trohel G, Bertaud-Gounot V, Soler M, Chauvin P, Grimaud O. Socio-Economic Determinants of the Need for Dental Care in Adults. *PLoS One* [Internet]. 2016 [cited 2018 Sep 25];11(7):e0158842. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/27441841>
 21. Organisation for Economic Co-operation and Development. Health at a Glance 2015 : OECD Indicators. OECD Publishing; 2015.
 22. Calvet L, Moisy M, Chardon O, Gonzalez L, Guignon N. Santé bucco-dentaire des enfants : des inégalités dès le plus jeune âge [Internet]. 2013. (Etudes et résultats). Report No.: 847. Available from: <http://drees.solidarites-sante.gouv.fr/IMG/pdf/er847.pdf>
 23. Pitts NB, Carter NL, Tsakos G. The Brussels Statement on the Future Needs for Caries Epidemiology and Surveillance in Europe. *Community Dent Health* [Internet]. 2018 May 30 [cited 2018 Sep 25];35(2):66. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/29360292>
 24. Future C. How do we accelerate a policy shift towards increased resource allocation for caries prevention and control ? The problem The policy lab So why are we not there yet ?
 25. Legal R, Pollak C, Rédaction JS, Batto V, Leduc A, Louvel A, et al. La complémentaire santé Acteurs, bénéficiaires, garanties-édition 2016 Sous la direction de Muriel Barlet, Magali Beffy et Denis Raynaud [Internet]. [cited 2018 Sep 25]. Available from: <https://drees.solidarites-sante.gouv.fr/IMG/pdf/oc2016.pdf>
 26. Le Fur E. Faut-il souscrire une surcomplémentaire santé ? Le Particulier [Internet]. 2015; Available from: http://leparticulier.lefigaro.fr/jcms/p1_1596782/faut-il-souscrire-une-surcomplémentaire-sante
 27. INSTITUT DE RECHERCHE ET DOCUMENTATION EN ECONOMIE DE LA SANTE. Le refus de soins à l'égard des bénéficiaires de la Couverture maladie universelle complémentaire à Paris [Internet]. 2009 [cited 2018 Feb 28]. Available from: <http://rhplus.blog.lemonde.fr/files/2009/07/synthese-refusosins-2009-cmu.1246460602.pdf>
 28. Marinho VCC, Worthington H V., Walsh T, Clarkson JE. Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database Syst Rev* [Internet]. 2013 Jul;(7):CD002279. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23846772>
 29. Pitts NB, Ismail AI, Martignon S, Ekstrand K, Douglas G V, Longbottom C, et al. ICCMS TM Guide for Practitioners and Educators Guide ICCMS TM à destination des praticiens et enseignants. 2014;
 30. Pitts N, Mazevet M, Mayne C, Hinrichs S, Boulding H, Grant J, et al. Towards a cavity-

- free future How do we accelerate a policy shift towards increased resource allocation for caries prevention and control? 2017 [cited 2018 Feb 28]; Available from: https://kclpure.kcl.ac.uk/portal/files/82045422/Towards_a_cavity_free_future.pdf
31. Haut Conseil du Dialogue Social. Résultats de l'audience pour la représentativité patronale par branche professionnelle [Internet]. Paris; 2017. Available from: http://travail-emploi.gouv.fr/IMG/pdf/representativitepatronale_resultats_mesure_branche.pdf
 32. Brocklehurst PR, Tickle M. Is skill mix profitable in the current NHS dental contract in England? Br Dent J [Internet]. 2011 Apr 9 [cited 2018 Feb 28];210(7):303–8. Available from: <http://www.nature.com/articles/sj.bdj.2011.238>